



# **TEXAS**

## **Health and Human Services**

**Dr. Courtney N. Phillips, Executive Commissioner**

**Request for Applications (RFA)  
For**

**HIV Prevention Services**

**RFA No. HHS0000778**

**Date of Release: February 7, 2019  
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**Class/Item:  
948/34 - Disease Prevention and Control Services, Contagious**

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# **ARTICLE I. EXECUTIVE SUMMARY, DEFINITIONS, AND AUTHORITY**

## **1.1 EXECUTIVE SUMMARY**

The State of Texas by and through the Texas Department of State Health Services (**DSHS** or **System Agency**) announces the expected availability of state and federal funding for grants to provide human immunodeficiency virus (**HIV**) prevention services as set forth in this Request for Applications (**RFA**). The projects supported through this RFA reflect the priorities and strategies in the Texas HIV Plan (Plan) and the National HIV/AIDS Strategy.

This RFA includes the following five (5) funding opportunities:

- A. Routine HIV screening in health care settings;
- B. Core HIV prevention programs that include community engagement, condom distribution and focused testing and linkage/re-engagement activities;
- C. Pre-exposure HIV Prophylaxis (**PrEP**) and non-occupational post exposure prophylaxis (**nPEP**) programs;
- D. Client-level behavioral interventions; and
- E. Structural Interventions that address social determinants of health.

Eligible Applicants may apply for more than one of the funding opportunities.

To be considered for award, Applicants must execute **Exhibit A, Applicant Affirmations and Acceptance, v 1.3**, and provide all other required information and documentation as set forth in this Solicitation. This RFA contains the requirements that all Applicants must meet to be considered for award. Failure to comply with these requirements may result in disqualification of the Applicant without further consideration. Each Applicant is solely responsible for the preparation and submission of an Application in accordance with instructions contained in this RFA.

## **1.2 DEFINITIONS**

Refer to **Exhibit B, HHSC Uniform Terms and Conditions – Grant, v 2.16** for additional definitions. Unless the context clearly indicates otherwise, the following terms and conditions have the meanings assigned below:

“Acute HIV Infection” means the early stage of HIV infection that extends approximately 1 to 4 weeks from initial infection until the body produces enough HIV antibodies to be detected by an HIV antibody test.

“Addendum” means a written clarification or revision to this Solicitation issued by the System Agency.

“Acquired Immune Deficiency Syndrome” or “AIDS” means a person who is living with HIV and has a CD4 (T-cell) count below 200 or more OR one or more opportunistic infections.

“Apparent Awardee” means an organization that has been selected to receive a grant award through response to this RFA but has not yet executed a grant agreement or contract. May also be referred to as "Apparent Grant Recipient" or "Apparent Grantee."

"Applicant" means the entity responding to this Solicitation.

“CDC” means the Centers for Disease Control and Prevention, a federal agency that is charged with working with state and local governments on public health program.

"Client" means a member of the eligible population to be served by the Applicant's organization. For the routine HIV screening funding opportunity, “Client” means any individual seeking medical services at a designated healthcare organization who meets the organization’s DSHS-approved definition of patients eligible for routine screening.

“Community Level Interventions” means interventions designed to change community norms and behaviors to better support HIV prevention and health rather than changing the behavior of an individual to reduce personal risk.

“Core HIV Prevention Programs” means programs designed to offer community engagement services, condom distributions and focused HIV testing and linkage/engagement services to groups with higher numbers of people living with HIV infections.

“Department of State Health Services” or “DSHS” means the administrative agency established under Chapter 12 of the Texas Health and Safety Code.

“Engagement in Care” means programs that provide testing and screening services to assist previously diagnosed clients who are not currently in care with entering HIV related medical care and, at a minimum, consists of referral and offer of assistance with making an initial medical appointment and addressing barriers to keeping that appointment.

“ESBD” means the Electronic State Business Daily, the electronic marketplace where State of Texas bid opportunities over \$25,000 are posted. The ESBD may currently be accessed at <http://www.txsmartbuy.com/sp>.

“Focused HIV Testing” means programs that are designed to promote testing to priority populations (formerly known as Targeted HIV testing).

"Grantee" means the organization(s) awarded a contract to provide one or more of the five HIV prevention services in this RFA.

“Health and Human Services Commission” or “HHSC” means the administrative agency established under Chapter 531, Texas Government Code or its designee.

“Human Immunodeficiency Virus” or “HIV” means either of two retroviruses, HIV-1 and HIV-2, that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers that is diagnostic of AIDS.

“HIV Morbidity” means a measure of the frequency of occurrence of HIV among a defined population during a specified time.

“HIV-Related Medical Care” means the monitoring and treatment of a person living with HIV infection.

“HIV Screening” means testing members of a population for HIV without regard to personal risk.

“HIV Service Delivery Area” or “HSDA” means a set of Texas counties that defines a HIV prevention and services delivery area. See Appendix 1.

“Jail Medical Services Programs” means programs that provide health services for inmates, including health assessments, health screenings, chronic disease management, dental services, mental health and other professional healthcare services.

“Key Personnel” means an Applicant organization's project contact, fiscal contact, and Executive Director or any other key stakeholders for the proposed project(s).

“Linkage to Care” means a programs effort to successfully link a person newly diagnosed with HIV to HIV related medical care on a timely basis and, at a minimum, consists of referral and offer of assistance with making an initial medical appointment and addressing barriers to keeping that appointment.

“Linkage Rate” means a rate that is calculated by dividing the proportion of newly diagnosed clients who have confirmed linkage to medical care within three months of their test by the total number of newly diagnosed clients.

“Navigators” means volunteers or paid staff who help clients obtain timely access to HIV prevention, medical, and social services.

“New Positivity Rate” means a rate that is calculated by the dividing the number of positive HIV tests for newly diagnosed clients by the total number of HIV tests for the Core HIV Prevention programs.

“Non-Occupational Post-Exposure Prophylaxis” or “nPEP” means the use of antiretroviral drugs as soon as possible after a high-risk exposure to HIV to reduce the possibility of HIV infection.

“Opt-Out HIV Screening” means HIV tests that are performed after providing verbal or written notice and opportunity to opt-out.

“Person living with HIV” or “PLWH” means a person living with a diagnosis of HIV.

“Program Operating Procedures and Standards” or “POPS” means a DSHS policy document that describes required actions and best practice recommendations for contractors for HIV, STD, and viral hepatitis services. It can be found at <https://www.dshs.texas.gov/hivstd/pops/>.

“Positivity Rate” means a rate that is calculated by dividing the number of positive HIV tests by the total number of tests conducted by the program.

“Pre-exposure HIV Prophylaxis” or “PrEP” means a preventive treatment for HIV infection in which antiretroviral drugs are taken by a person who is HIV and is at a high risk of contracting HIV.

“Priority Population(s)” means groups of people that are the primary client population for an intervention or program.

“Project” means the work and activities for which grant funding is awarded and information is provided as part of the response to this Solicitation. During the open application period and before selection of grant recipients are made, the Project will be known as the Proposed Project.

"Public Health Follow-Up" or "PHFU" means a set of disease intervention activities conducted by local or regional health departments to limit further spread of communicable disease, including HIV infection, through elicitation and notification of partners of persons with newly-diagnosed infections and delivery of testing and counseling to these partners.

"Referral" means directing clients to relevant and available resources to address their healthcare and social needs.

"Respondent" means the entity responding to this Solicitation.

"Routine HIV Screening in Healthcare Settings" means HIV screening that is integrated into health care services for all clients of a facility.

"Solicitation" means this Request for Applications including any Exhibits and Addenda, if any.

"State" means the State of Texas and its instrumentalities, including HHSC, the System Agency and any other state agency, its officers, employees, or authorized agents.

"Sexually Transmitted Disease" or "STD" means any of various diseases or infections that can be transmitted by direct sexual contact including some (such as HIV, syphilis, gonorrhea, chlamydia, and genital herpes) chiefly spread by sexual means and others (such as hepatitis B) often contracted by nonsexual means.

"Structural Interventions" means community-level interventions that are focused on changing community norms and behaviors and systems interventions that focus on changing policy, organizational structure, service systems, and power structures.

"Successful Applicant" means an organization that receives a grant award because of this RFA. May also be referred to as "Grantee," "Awarded Applicant," "Sub-recipient" or "Grant Recipient."

"Supplant" (verb) means to replace or substitute one source of funding for another source of funding. A recipient of contract funds under this RFA must not use the funds to pay any costs the recipient is already obligated to pay. If a grantee, prior to responding to an RFA, had committed to provide funding for activities defined in the contract's statement of work, then the grantee must provide the amount of funding previously committed in addition to the amount requested under this RFA.

"System Agency" means the Texas Health and Human Services Commission, its officers, employees or authorized agents.

"Texas HSC" means the Texas Health and Safety Code.

"TAC" means the Texas Administrative Code, which is a listing of rules that are created by state agencies to carry out laws.

"Viral Load" means the amount of HIV circulating in the blood of a person living with HIV.

"Work Plan" A written plan describing how services will be delivered to the eligible population. Details from the work plan must be approved by DSHS and will be incorporated in the contract.

### **1.3 AUTHORITY**

The System Agency is requesting applications under Chapter 81 of the Health and Safety Code. The CDC Integrated HIV Surveillance and Prevention Programs for Health Departments is authorized under 307, 317(k)(2) of the Public Health Service Act.

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## **ARTICLE II. SCOPE OF GRANT AWARD**

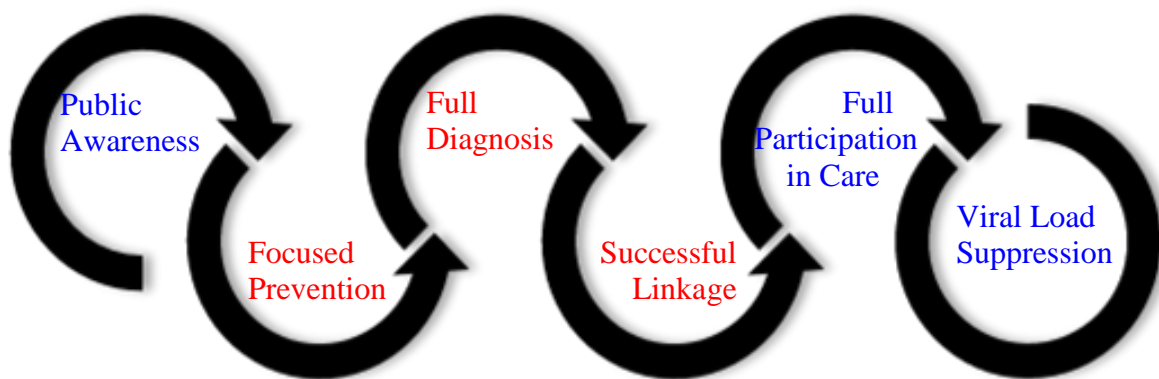
### **2.1 PROGRAM BACKGROUND AND FUNDING OPPORTUNITIES**

#### **2.1.1 Program Background**

In Texas, HIV prevention and treatment services are provided according to the [Texas HIV Plan \(Plan\)](#). The Plan, is a public health blueprint for preventing new HIV infections in Texas and ensuring that individuals living with HIV have access to systems of care. The Plan also offers a comprehensive approach to reducing HIV based on public health principles, advances in science and research, and the continuum of HIV care.

The goals and accompanying strategies in the Plan are the basis for the funding opportunities in this RFA. They were developed to prioritize actions and coordinate the use of resources across communities and groups affected by HIV. The Plan has six domains, shown below in Figure 1.

**Figure 1: Domains in the Texas HIV Plan**



This RFA provides five funding opportunities in three of the Plan domains: Focused Prevention, Full Diagnosis and Successful Linkage. The Focused Prevention domain includes strategies and actions to prevent the acquisition of HIV in populations with the greatest vulnerability to HIV. The Full Diagnosis and Successful Linkage domains call for actions to reduce the number of Texans with undiagnosed HIV infections and to shorten the time between diagnosis and treatment for people with HIV infections, respectively.

Persons with undiagnosed infections cannot benefit from treatment to extend and improve the quality of their lives and are more likely to transmit HIV to others. DSHS estimates that 13% - 22% percent of all Texans with HIV are unaware of their infections. The Plan calls for this number to be lowered to no more than 10%.

Treatment for HIV infection helps people with HIV live healthier and longer lives. Current guidelines call for treatment to start soon after the diagnosis is made.<sup>1 2</sup> Linkage refers to the length of time between diagnosis and evidence of receiving HIV-related medical care. The Plan's goal is for 90% of newly diagnosed Texans to be linked with HIV-related medical care within three months of diagnosis. In 2016, about 81% of all Texans with a new HIV diagnosis were linked to care within three months. One in ten were not linked to HIV care within one year of their diagnosis. Black men who have sex with men (MSM) and youth aged 15-24 are the most likely to have late linkage or no care at all in the first year after diagnoses.

To reduce the number of undiagnosed Texans and improve timely linkage to HIV care, DSHS funds routine HIV Screening programs in healthcare settings and programs that use Focused HIV Testing and linkage approaches to serve persons in populations with high numbers of persons living with HIV (PLWH). Across 2015 and 2016, Focused HIV Testing programs funded by DSHS made almost 1,200 new diagnoses, with 80 percent of these clients linked to HIV care within three months. During this period, DSHS routine HIV Screening programs made 564 new diagnoses, with 89 percent of these clients having timely linkage.

### **2.1.2 Funding Opportunities**

The five funding opportunities available through this RFA are:

1. **Routine HIV Screening in Healthcare Settings**  
Routine HIV Screening in Healthcare Settings aims to increase the number of opt-out HIV screening tests in hospital emergency centers, community health centers that serve under- and uninsured populations, and jail medical services. These screening programs have requirements for minimum HIV positivity rates and rates of timely linkage of newly-diagnosed clients to HIV-related medical care. Screening programs must also assist their clients who were previously diagnosed but who are not in HIV-related care to enter such care. This funding opportunity falls under the *Full Diagnosis* and *Successful Linkage* domains of the Plan.
2. **Core HIV Prevention Programs**  
Core HIV Prevention Programs provide four (4) services: community engagement; condom distribution, focused HIV testing; and linkage/engagement to HIV-related treatment. These programs must collaborate and coordinate their services with other HIV prevention and treatment providers and with organizations that provide other services that are critical to their clients. Core HIV Prevention Programs have requirements for minimum new positivity rates and rates of timely linkage of newly-diagnosed clients to HIV-related care and treatment. This funding opportunity also falls under the *Full Diagnosis* and *Successful Linkage* domains of the Plan.
3. **Pre-Exposure Prophylaxis and Non-Occupational Post Exposure Prophylaxis Programs**  
The third funding opportunity falls under the *Focused Prevention* domain of the Plan. This domain calls for actions to reduce the number of Texans who acquire HIV infections each year. A scientific consensus has emerged that certain HIV treatment drugs can be used by

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<sup>1</sup> Hall HI, Tang T, Westfall AO, and Mugavero MJ. HIV Care Visits and Time to Viral Suppression, 19 U.S. Jurisdictions, and Implications for Treatment, Prevention and the National HIV/AIDS Strategy. *PLoS ONE* 2013 8(12): e84318.

<sup>2</sup> Kazak M, Zinski A, Leeper C Et al. Late diagnosis, delayed presentation and late presentation in HIV. *Antiviral Therapy* 2013; 17-23.

persons without HIV infection to prevent acquisition of HIV. This is known as pre-exposure prophylaxis (“**PrEP**”). This intervention joins the more established practice of providing HIV treatment drugs immediately following direct exposure to HIV to reduce the chances of HIV acquisition (post-exposure prophylaxis, or “**PEP**”). This RFA limits use of PEP to persons with non-occupational exposures to HIV (“**nPEP**”).

For PrEP and nPEP programs to be cost-effective, these programs must be focused on persons with substantial risk for acquiring HIV infection. However, many who might benefit are not aware of PrEP or nPEP or have limited access to clinicians to prescribe the needed medications or to the supportive services that aid clients in obtaining medications, adhering to instructions for their use, and further reducing personal risk.

PrEP and nPEP programs funded under this RFA have three required components:

- (1) community-based PrEP and nPEP education and promotion activities;
- (2) promoting PrEP and nPEP with clinical providers who are not currently prescribing PrEP and/or nPEP; and
- (3) delivery of PrEP and/or nPEP clinical and client support services (e.g., help getting medication, prevention and adherence counseling, etc.).

Grantees funded for this funding opportunity must collaborate and coordinate with other organizations promoting or providing PrEP and/or nPEP and with regional Core HIV Prevention Programs.

#### 4. Client Level Interventions

The fourth funding opportunity, which also falls under the Focused Prevention domain of the Plan, funds group and individual-level behavioral interventions. The interventions may be focused on clients with diagnosed HIV infections as well as clients who are not living with HIV. The interventions must be evidence-based or evidence-informed (home grown) as described in this RFA. Grantees must tailor interventions to meet the needs of their priority populations and must collaborate and coordinate services with other HIV/STD service providers and medical and social services providers. Programs tailor outreach, recruitment, and program features and contents based on the needs and concerns of the priority population. Grantees must maintain close collaboration and coordination with area providers of Core HIV Prevention Programs.

#### 5. Structural Interventions

The fifth and final funding opportunity, also under the *Focused Prevention* domain, funds community-level and system-level interventions to change the social and environmental factors and organizational structures that increase vulnerability to HIV or create barriers to prevention. These interventions have a variety of desired outcomes, such as increasing social support for persons in key affected populations, reducing stigma, addressing needs for social services in key affected populations, or changing policies or organizational structures that are barriers to HIV services. Applicants should propose innovative programs that may include elements of traditional community level interventions, such as Mpowerment and Popular Opinion Leader (“POL”), community mobilization, and system-focused interventions that focus on changes to institutions, policies, and service systems. Applicants must maintain close collaboration and coordination with area providers of core HIV prevention programs, and communication with the priority population(s) included in the application.

## 2.2 ELIGIBLE SERVICE AREAS AND POPULATIONS

### 2.2.1 Eligible Service Areas

For the Routine HIV Screening in Healthcare Settings funding opportunity, eligible service areas are located in the 15 Texas counties with the highest number of PLWH in 2016 (Appendix 5): Bell, Bexar, Cameron, Collin, Dallas, Denton, El Paso, Fort Bend, Galveston, Harris, Hidalgo, Jefferson, Montgomery, Travis, and Tarrant counties.

For funding opportunities 2 through 5, this RFA uses HSDAs to specify eligible areas.<sup>3</sup> Each HSDA has locally-relevant priority populations, and at least one of these populations must be included as an intended recipient of the program. Most HSDAs have additional priority populations that may be included as intended clients of a program/intervention.

DSHS divided the HSDAs into areas based on the numbers and rates of HSDA residents with diagnosed HIV infections, with area labeled as area 1 has the highest levels of HIV morbidity and area 4 having the lowest.<sup>4</sup>

The HSDAs in area 4 are ineligible for funded prevention services under this RFA and applications may not include services for these HSDAs.

**Table 1: HSDAs in Each Area**

Area	
1A	Austin
1B	Dallas
1C	Houston
1D	San Antonio
1E	Fort Worth
2	Beaumont-Port Arthur; Brownsville; El Paso; Galveston; Tyler-Longview
3	Amarillo; Bryan-College Station; Corpus Christi; Laredo; Lubbock; Lufkin; Midland-Odessa, Temple-Killeen; Texarkana, Waco
4	Abilene; San Angelo; Sherman-Denison; Uvalde; Victoria; Wichita Falls

The services that may be delivered in eligible areas are shown below.

**Table 2: Eligible Programs by Area**

Area	Core HIV Prevention Programs	PrEP and nPEP Programs	Client Level Interventions	Structural and Community Level Interventions
1A	X	X	X	X
1B	X	X	X	X
1C	X	X	X	X
1D	X	X	X	X
1E	X	X	X	X

<sup>3</sup> The counties in each HSDA are shown in Appendix 1.

<sup>4</sup> Appendix 2 provides more information on how HSDA scores were calculated.

2	X	X	X	X
3	X			X

Applicants may propose to serve all counties in an HSDA, or they may propose to serve a limited number of counties in an HSDA. Applicants may apply to provide services in more than one eligible HSDA.

### 2.2.2 Eligible Populations

The eligible priority populations for funding opportunities 2 through 5 are based on the epidemic profile of each HSDA and are listed in Tables 3 – 6 below.<sup>5</sup>

Column 1 in the tables lists the HSDA where services will be delivered. Column 2 shows the core priority populations. Core priority populations are the locally relevant priority populations from the Texas HIV Plan. At least one of the core priority populations in the second column must be included as a priority population in applications. Column 3 shows other populations that may be included as additional priority populations in applications. Naming a group as a priority population for a program means that the services are primarily marketed to and tailored for that group. It does not mean that services must be delivered only to the priority populations, but that recruitment and outreach will be directed to priority populations.

If an Applicant proposes to provide client level services to PLWH or proposes structural interventions focused on PLWH, it is sufficient to identify PLWH as the intended priority population. Applicants are encouraged to further describe their intended service population if it is necessary to clarify their program descriptions. For example, an Applicant could propose a group level intervention for PLWH without further description of the intended participation, but if the intervention will focus on specific populations, such as Black MSM or youth living with HIV, applicants should provide that description.

If the applicant applies to deliver a program in an ineligible HSDA or if the Application includes an ineligible population, the application for that funding opportunity will not be scored.

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<sup>5</sup> The methods for determining locally-relevant eligible populations are described in Appendix 3

**Table 3: Eligible populations for the Core HIV Prevention Funding Opportunity**

<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>HSDA</b>	<b>Core Priority Populations</b>	<b>Optional Additional Populations</b>
<b>Area 1</b>		
1A - Austin	Hispanic MSM, Black MSM, White MSM, transgender persons	
1B - Dallas	Hispanic MSM, Black MSM, White MSM, Black heterosexual women, transgender persons	Black heterosexual men, Hispanic heterosexual women, people who inject drugs (PWID); MSM who inject drugs (MSM/PWID)
1E - Fort Worth	Hispanic MSM, Black MSM, White MSM, Black heterosexual women, transgender persons	
1C - Houston	Hispanic MSM, Black MSM, White MSM, Black heterosexual women, transgender persons	
1D - San Antonio	Hispanic MSM, Black MSM, White MSM, transgender persons	PWID
<b>Area 2</b>		
Beaumont – Port Arthur	Black MSM, Black heterosexual women, transgender persons	PWID
Brownsville	Hispanic MSM, transgender persons	Hispanic heterosexual men and women
El Paso	Hispanic MSM, transgender persons	
Galveston	Hispanic MSM, Black MSM, White MSM, transgender persons	
Tyler-Longview	Black MSM, White MSM, Black heterosexual women, transgender persons	
<b>Area 3</b>		
Amarillo	Hispanic MSM, White MSM, transgender persons	
Bryan-College Station	Hispanic MSM, Black MSM, White MSM, transgender persons	
Corpus Christi	Hispanic MSM, White MSM, transgender persons	
Laredo	Hispanic MSM, transgender persons	Hispanic heterosexual women
Lubbock	Hispanic MSM, White MSM, transgender persons	
Lufkin	Black MSM, Black heterosexual women, transgender persons	PWID
Midland-Odessa	Hispanic MSM, White MSM, transgender persons	
Temple-Killeen	Black MSM, White MSM, transgender persons	
Waco	Black MSM, White MSM, Black heterosexual women, transgender persons	

***Table 4: Eligible populations for the PrEP and nPEP Funding Opportunity***

<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>HSDA</b>	<b>Core Priority Populations</b>	<b>Optional Additional Populations</b>
<b>Area 1</b>		
1A - Austin	Hispanic MSM, Black MSM, White MSM, transgender persons	
1B - Dallas	Hispanic MSM, Black MSM, White MSM, Black heterosexual women, transgender persons	Black heterosexual men, Hispanic heterosexual women, people who inject drugs (PWID); MSM who inject drugs (MSM/PWID)
1E - Fort Worth	Hispanic MSM, Black MSM, White MSM, Black heterosexual women, transgender persons	
1C - Houston	Hispanic MSM, Black MSM, White MSM, Black heterosexual women, transgender persons	
1D - San Antonio	Hispanic MSM, Black MSM, White MSM, transgender persons	PWID
<b>Area 2</b>		
Beaumont – Port Arthur	Black MSM, Black heterosexual women, transgender persons	PWID
Brownsville	Hispanic MSM, transgender persons	Hispanic heterosexual men and women
El Paso	Hispanic MSM, transgender persons	
Galveston	Hispanic MSM, Black MSM, White MSM, transgender persons	
Tyler-Longview	Black MSM, White MSM, Black heterosexual women, transgender persons	

***Table 5: Eligible populations for the Client-Level Interventions Funding Opportunity***

<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>HSDA</b>	<b>Core Priority Populations</b>	<b>Optional Additional Populations</b>
<b>Area 1</b>		
1A - Austin	Hispanic MSM, Black MSM, White MSM, transgender persons, PLWH	
1B - Dallas	Hispanic MSM, Black MSM, White MSM, Black heterosexual women, transgender persons, PLWH	Black heterosexual men, Hispanic heterosexual women, people who inject drugs (PWID); MSM who inject drugs (MSM/PWID)
1E - Fort Worth	Hispanic MSM, Black MSM, White MSM, Black heterosexual women, transgender persons, PLWH	
1C - Houston	Hispanic MSM, Black MSM, White MSM, Black heterosexual women, transgender persons, PLWH	
1D - San Antonio	Hispanic MSM, Black MSM, White MSM, transgender persons, PLWH	PWID
<b>Area 2</b>		
Beaumont – Port Arthur	Black MSM, Black heterosexual women, transgender persons, PLWH	PWID
Brownsville	Hispanic MSM, transgender persons, PLWH	Hispanic heterosexual men and women
El Paso	Hispanic MSM, transgender persons, PLWH	
Galveston	Hispanic MSM, Black MSM, White MSM, transgender persons, PLWH	
Tyler-Longview	Black MSM, White MSM, Black heterosexual women, transgender persons, PLWH	



**Table 6: Eligible Populations for the Structural Intervention Funding Opportunity**

<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>HSDA</b>	<b>Core Priority Populations</b>	<b>Optional Additional Populations</b>
<b>Area 1</b>		
1A - Austin	Hispanic MSM, Black MSM, White MSM, transgender persons, PLWH	
1B - Dallas	Hispanic MSM, Black MSM, White MSM, Black heterosexual women, transgender persons, PLWH	Black heterosexual men, Hispanic heterosexual women, people who inject drugs (PWID); MSM who inject drugs (MSM/PWID)
1E - Fort Worth	Hispanic MSM, Black MSM, White MSM, Black heterosexual women, transgender persons, PLWH	
1C - Houston	Hispanic MSM, Black MSM, White MSM, Black heterosexual women, transgender persons, PLWH	
1D - San Antonio	Hispanic MSM, Black MSM, White MSM, transgender persons, PLWH	PWID
<b>Area 2</b>		
Beaumont – Port Arthur	Black MSM, Black heterosexual women, transgender persons, PLWH	PWID
Brownsville	Hispanic MSM, transgender persons, PLWH	Hispanic heterosexual men and women
El Paso	Hispanic MSM, transgender persons, PLWH	
Galveston	Hispanic MSM, Black MSM, White MSM, transgender persons, PLWH	
Tyler-Longview	Black MSM, White MSM, Black heterosexual women, transgender persons, PLWH	
<b>Area 3</b>		
Amarillo	Hispanic MSM, White MSM, transgender persons, PLWH	
Bryan-College Station	Hispanic MSM, Black MSM, White MSM, transgender persons, PLWH	
Corpus Christi	Hispanic MSM, White MSM, transgender persons, PLWH	
Laredo	Hispanic MSM, transgender persons, PLWH	Hispanic heterosexual women
Lubbock	Hispanic MSM, White MSM, transgender persons, PLWH	
Lufkin	Black MSM, Black heterosexual women, transgender persons, PLWH	PWID
Midland-Odessa	Hispanic MSM, White MSM, transgender persons, PLWH	
Temple-Killeen	Black MSM, White MSM, transgender persons, PLWH	
Waco	Black MSM, White MSM, Black heterosexual women, transgender persons, PLWH	

## 2.3 GRANT AWARD AND TERM

### 2.3.1 Available Funding

The anticipated funding available through this RFA for a twelve (12) month grant funding year is **NINETEEN MILLION DOLLARS (\$19,000,000.00)** for state and federal grant funds and it is HHSC's intention to make multiple awards. Applications for each funding opportunity for the twelve (12) month period must be submitted. Funding will be divided across the five funding opportunities as shown in Table 7 below. For each funding opportunity, DSHS has estimated the number of awards to be made in each eligible area and has set award caps. The typical awards noted below should not be considered minimum awards. Applicants must make reasonable estimates of the costs of their proposed programs when creating their budgets. DSHS reserves the right to change the funding allocations based on the quality and number of applications for each opportunity or the availability of funds.

*Table 7: Anticipated Levels of Funding for twelve (12) months for the RFA*

Funding Opportunity	Anticipated Funding	Typical Award	Award Cap
<b>1: Routine HIV Screening in Healthcare Settings</b>	\$3,000,000	\$200,000	\$300,000
<b>2: Core HIV Prevention Programs</b>	Area 1A Austin: \$1,153,460	\$450,000	\$700,000
	Area 1B Dallas \$3,295,600		
	Area 1C Houston \$1,153,460		
	Area 1D San Antonio \$1,483,020		
	Area 1E Fort Worth \$1,153,460		
	Area 2: Beaumont- Port Arthur; Brownsville; El Paso; Galveston; Tyler- Longview \$1,661,000	\$240,000	\$290,000
	Area 3: Amarillo; Bryan-College Station; Corpus Christi; Laredo; Lubbock; Lufkin; Midland- Odessa; Temple-Killeen; Texarkana, Waco \$1,100,000	\$235,000	\$250,000
<b>3: PrEP and nPEP Programs</b>	Area 1A, 1B, 1C, 1D, 1E and 2: \$2,200,000	\$150,000	\$200,000

<b>4: Client-Level Interventions</b>	Area 1A, 1B, 1C, 1D, 1E: \$1,248,000	\$182,000	\$250,000
	Area 2: \$252,000	\$108,000	\$110,000
<b>5: Structural Interventions</b>	Area 1: \$973,700	\$115,000	\$400,000
	Area 2: \$196,300	\$115,000	\$120,000
	Area 3: \$130,000	\$61,000	\$75,000

Applicants must apply for a minimum of one funding opportunity available through this RFA but may apply for more than one. Awards for providers in the City of Houston will be limited.

Funding awarded will be based on the merit and scope of the application and other considerations and is at the sole discretion of DSHS. No pre-award spending is allowed.

### **2.3.2 Grant Term**

It is anticipated that the initial grant funding period for this five-year grant will begin January 1, 2020 through December 31, 2020, with up to four (4) renewals on an annual basis subject to available funding that will reflect the twelve (12) month budget. Reimbursement will only be made for those allowable expenses that occur within the term of the grant.

## **2.4 ELIGIBLE APPLICANTS**

To be awarded a contract under this RFA, an Applicant must meet the following minimum qualifications:

- A. Applicant must be governmental entities, non-governmental entities, not-for-profit organizations, for-profit entities or association. Individuals are not eligible to apply.
- B. Applicant must be able to provide services in the eligible counties or HSDAs that they propose to serve and must have a physical location in one of the HSDAs.
- C. Applicant must be established as an appropriate legal entity under applicable state statutes and must have the authority and be in good standing to do business in Texas and to conduct the activities described in this RFA.
- D. For funding opportunity: HIV Screening in Healthcare Setting, eligible Applicants are hospital emergency departments in healthcare systems/health networks, primary care offices within community health centers that serve under- and uninsured populations, and jail medical services. Applicants should note that DSHS' priority is to establish screening in emergency departments before

expanding to other settings. Furthermore, eligible applicants must operate a facility in one of the following counties: Bell, Bexar, Cameron, Collin, Dallas, Denton, El Paso, Fort Bend, Galveston, Harris, Hidalgo, Jefferson, Montgomery, Tarrant, or Travis Counties.

- E. Applicant must be on the following list if they are Professional Corporations, Professional Associations, Texas Corporations, and/or Texas Limited Partnership Companies. Secretary of State (SOS) at <https://direct.sos.state.tx.us/acct/acct-login.asp>.
- F. Applicant must have a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier.
- G. Applicant may not apply for funds under this RFA if currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs.
- H. Applicant may not be eligible for contract award if audit reports or financial statements submitted with the application, if any, identify concerns regarding the future viability of the Applicant, material non-compliance, or material weaknesses that are not satisfactorily addressed, as determined by DSHS.
- I. Applicant's staff members, including the executive director, must not serve as voting members on their employer's governing board.
- J. In compliance with Comptroller of Public Accounts and Statewide Procurement Division rules, a name search will be conducted using the websites listed in this section prior to the development of a contract. Applicant is ineligible to contract with DSHS if a name match with a negative report is found on any of the following lists:

The [System for Award Management](https://www.sam.gov/SAM/) (SAM) – Federal at <https://www.sam.gov/SAM/>

The Office of Inspector General (OIG) List of Excluded Individuals/Entities Search– State <https://oig.hhsc.state.tx.us/Exclusions/search.aspx>; and

Texas Comptroller of Public Accounts (CPA) Debarment List located at <https://comptroller.texas.gov/purchasing/programs/vendor-performance-tracking/debarred-vendors.php> If this web link does not open, copy and paste to your internet browser window.

Except as expressly provided above, Applicant is not considered eligible to apply unless the Applicant meets the eligibility conditions to the stated criteria listed above at the time the application is submitted. Applicant must continue to meet these conditions throughout the selection and funding process. DSHS expressly reserves the right to review and analyze the documentation submitted and to request

additional documentation and determine the applicant's eligibility to compete for the contract award.

## **2.5 PROGRAM REQUIREMENTS**

Successful Applicants (Grantees) will receive awards for at least one of the five funding opportunities available through this RFA:

- (1) Routine HIV Screening in Healthcare Settings;
- (2) Core HIV Prevention Programs;
- (3) PrEP and nPEP Programs;
- (4) Client-Level Interventions; and
- (5) Structural Interventions.

Grantees shall comply with the following program requirements:

- A. Grantee must develop a strategic implementation plan that outlines key actions and milestones for integrated implementation of services included in the award. This plan must address how the Grantee will integrate activities and goals for all activities funded under this RFA with any other HIV-related services the Grantee delivers. In addition, the plan must describe how all of Grantees activities are integrated into local service systems to promote comprehensive and integrated approaches to HIV prevention and treatment. DSHS will provide tools and guidance on development of the strategic implementation plan to Grantee.
- B. Grantee must comply with all applicable regulations, standards and guidelines applicable to the awarded funding opportunity. Grantee must comply with all relevant HIV/STD Program and TB/HIV/STD Unit policies and procedures, including but not limited to [Policy 530.002](#) prohibiting discrimination in program services. Before writing an application, Applicants are advised to review the [Program Operating Procedures and Standards](#) and the [HIV Prevention Program Reports and Forms](#), applicable state law and rules, and program policies and any reporting requirements associated with all funding opportunities.
- C. Grantee must submit data on program activities and client contacts using systems and formats specified by DSHS. More specific information on reporting requirements may be outlined in the descriptions of the funding opportunities and may change based on needs of DSHS for information to be used in program monitoring and evaluation.
- D. Grantee must submit written interim and annual reports to DSHS that summarize the activities and services delivered and discuss the barriers and facilitators of the effective delivery of their funded activities. DSHS will provide report formats and specify the due dates.
- E. Grantee must participate in local HIV planning and evaluation activities and must participate in local efforts to coordinate HIV prevention and treatment services.

- F. Grantee must maintain active collaboration and coordination with providers of services that are relevant to the needs of their client populations.
- G. Grantee must participate in DSHS-identified trainings and coaching sessions. Waiver of any training requirement is at the sole discretion of DSHS.
- H. When requested, Grantee must cooperate with any DSHS-funded activities to raise awareness of HIV, promote prevention services, or encourage testing and use of PrEP and nPEP.
- I. Grantee must participate in *Data to Care* activities as requested by local health departments and DSHS.
- J. Grantee must deliver all services in a culturally competent and sensitive manner, taking low health literacy into account, using the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#). Grantee must implement strategies to ensure that the program is culturally, linguistically and educationally appropriate to meet the needs of the priority population(s), and ensure that program staff have strong socio-cultural identification with the priority population(s).
- K. Grantee must make free condoms readily available to its clients. Grantee can request condoms from DSHS.
- L. Grantee must submit literature/materials to be used in prevention activities funded by DSHS for review and approval by a locally constituted review panel that meets [DSHS requirements](#).
- M. Grantee shall perform other activities as may be reasonably requested by DSHS to meet the goals of the Texas HIV Plan and this RFA.
- N. Grantees who deliver client services under this RFA, must maintain referral agreements with providers of services that their clients typically need; required referral partners are listed in the descriptions of the funding opportunities in Article II of this RFA. Standards for referrals can be found in the [POPS](#).

#### **2.5.1 Funding Opportunity 1 - Routine HIV Screening in Health Care Settings Program Requirements**

- A. Grantee should review routine screening program recommendations from the [CDC](#) and the [US Preventive Services Task Force](#) before writing their response.
- B. Grantee must implement routine HIV screening in hospital emergency centers in healthcare systems/health network; primary care offices in community health centers that serve under- and uninsured populations; and/or jail medical services.

- C. Grantee must operate a facility in one of the following counties: Bell, Bexar, Cameron, Collin, Dallas, Denton, El Paso, Fort Bend, Galveston, Harris, Hidalgo, Jefferson, Montgomery, Tarrant, or Travis Counties.
- D. Grantee must ensure management of the funding and implementation of the program must be directed by the administration and medical staff of the healthcare organization.
- E. Grantee must ensure funds from this opportunity are not be used to conduct the legally-required screening for HIV, hepatitis B, and syphilis during prenatal care and at labor and delivery.
- F. Grantee must ensure Testing programs operate under standing delegation orders of a physician (see [Texas HSC §85.085](#)).
- G. Grantee must ensure funds are used for the three core components of an HIV screening program:
  - 1. Routine HIV screening and notification of HIV-positive test results;
  - 2. Linkage to and engagement in HIV-related medical care for patients with HIV positive test results; and
  - 3. Program management to develop policy and infrastructure to assure sustainable screening and quality improvement of screening activities
- H. Grantee must ensure personnel are assigned to:
  - (1) coordinate all grant activities including the management and oversight of screening activities, training, quality assurance and improvement, and all reporting requirements; and
  - (2) notify patients who screen positive of their test results and refer and confirm linkage to medical care and other services.
- I. Grantee must submit data on program activities and client contacts using systems and formats specified by DSHS. DSHS may change the program reporting requirements or formats during the project period based on program evaluation or reporting needs.
- J. Grantee must provide a non-identified, client level electronic data set to DSHS that includes at least the following information on all patients tested for HIV: birth date; gender; race/ethnicity; test sample date; testing technology used and specimen type; and test result.
- K. For all patients with HIV positive test results, additional information Grantee must include, for all patients with HIV positive test results, the following additional information in the monthly data submission to DSHS: name of patient; confirmation that positive test results were delivered to the patient; and status of referrals/confirmation to HIV-related medical care. Grantees are responsible for

updating information on the status of referrals/confirmation to HIV-medical care monthly until they have evidence that the client attended an HIV-medical appointment or until three attempts have been made to contact the client.

- L. Grantee must obtain DSHS written approval for the policies, protocols, procedures, consent forms, or other materials developed by the Grantee to carry out screening in their facility, and DSHS must approve the written agreements with referral partners and local or regional public health authorities required in this RFA before screening supported by funds from this RFA can begin. Screening must begin no later than 90 days following the Contract start date. The written agreements with HIV-related medical care providers and local or regional public health authorities required by this RFA must be in place within 30 days of the Contract start date.
- M. Grantee must develop and execute policies and procedures to assure that routine HIV screening is integrated into patient care processes. Grantees must develop policies that define the eligible patient populations to be screened, and procedures and protocols to assure that screening as described in the recommendations from the [CDC](#) and the [US Preventive Services Task Force](#) is carried out. This may include actions such as integrating HIV testing into standing orders or laboratory order sets or into intake procedures. Grantees must assure that consent for HIV screening is obtained in accordance with Texas Health and Safety Code [§81.105](#) and [§81.106](#), as amended.
- N. Grantees must use DSHS-approved testing technologies and laboratory approaches. Grantees must follow CDC recommendations for [diagnostic testing algorithms](#). At present, DSHS requires an algorithm that uses Ag/Ab Combo screening and supplemental testing via Genius, HIV-1/2 antibodies, and HIV-1 RNA NAT if required to confirm acute diagnosis. DSHS will notify Grantees if these recommendations change.
- O. Grantees must enact policies and procedures to assure the timely delivery of positive HIV test results to patients, including situations when the patient leaves the premises. Grantees must assure that positive test results are delivered to patients as directed in [Texas Health and Safety Code §81.109](#), as amended. Grantees must enact policies and procedures to assure that HIV positive test results are reported to the local public health authority as directed in [Texas Administration Code 97.132-134](#), as amended.
- P. Grantees are encouraged to work with medical providers and other clinical staff to develop coordinated responses to positive HIV test results into their clinical flow; the interaction for delivering a positive HIV test result be treated similarly to test results for other chronic conditions. Program management will develop policy and infrastructure to assure sustainable screening and quality improvement of screening activities.



- Q. Grantees must facilitate initial linkage to care for newly diagnosed clients and facilitate engagement in care for previously-diagnosed clients who are not currently in care for their HIV-infections. Linkage is the process of assisting persons with *new* diagnoses of HIV infection with entering HIV-related medical care. Engagement in HIV-related medical care means helping persons with previously-diagnosed HIV infections who are not currently getting HIV-related medical care to enter such care. The term engagement is used both for people who have never been in HIV-related care and for people with a history of treatment who have not been in care for the past year. While the activities and partners for linkage and engagement may be very similar, for the purposes of outcome monitoring and evaluation, linkage and engagement outcomes are considered separately. It is likely that the support needed by clients to enter care will differ based on their diagnosis and history of treatment. To determine whether linkage or engagement services are needed, Grantees must follow DSHS procedures for verifying testing history and participation in HIV-related medical care with disease surveillance staff. If clients refuse permission for such verification, then client self-report of diagnosis history and participation in care should be used to guide linkage/engagement activities.
- R. Grantee must enact policies and procedures that create strong referral pathways to care and address the common barriers to linkage and entry into care. Grantees must establish formal written referral agreements and protocols with at least one (1) local provider of HIV-related medical services; the agreement must include a process to confirm successful linkage/engagement in medical care. The referral agreement(s) and other linkage/engagement policies and procedures must be approved by DSHS and in place within thirty (30) days of the effective date of the contract.
- S. Grantee must maintain relationships with the local or regional public health authority for public health follow-up (i.e. partner elicitation and notification) in order to assure that patients are notified of their diagnosis. A formal written agreement must be in place thirty (30) days after the effective date of the resulting Contract. DSHS must approve this written agreement.
- T. Grantees may propose enhanced linkage and engagement interventions. These programs go beyond active referral activities and use formal, structured activities to assure secure linkage or engagement. Grantees are encouraged to adopt the evidence-based and best practice interventions listed in the [Compendium of Evidence Based Interventions and Best Practices for HIV Prevention](#). Most of these activities use brief case management activities to facilitate secure linkage; the most well-known of these is ARTAS (Anti-Retroviral Treatment and Access to Services). Enhancement programs must not involve long-term support for maintenance in care and must not duplicate or supplant existing programs for supporting entry in HIV-related care. Enhanced linkage and engagement programs must be coordinated with or integrated into local systems for HIV-related care.

Program management will develop policy and infrastructure to assure sustainable screening and quality improvement of screening activities

- U. Grantee must develop or enhance electronic health records and supplemental data collection systems as necessary to collect and report required patient data to be submitted to DSHS monthly; track patients identified through screening to ensure successful linkage to or engagement in HIV-related medical care; provide ongoing feedback to organization's routine screening staff regarding progress to meeting project goals; and inform quality improvement actions related to routine screening activities.
- V. Grantee must engage with medical and organizational leadership to put policies in place and act to ensure that HIV screening is fully integrated into patient care and to build the sustainability of screening in the absence of DSHS-financial support. Grantees must report on such efforts on interim and final reports to DSHS.
- W. Grantee must implement an opt-out basis, as defined in Article I, Section 1.2. Descriptions of routine screening can be found in the [Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings](#) from the CDC and in [recommendations from the U. S. Preventive Services Task Force](#).
- X. Grantee must develop a formal, written quality improvement plan based on the [DSHS QM Core tool](#) to evaluate the routine testing processes on an annual basis.

## **2.5.2 Funding Opportunity 2 - Core HIV Prevention Programs Program Requirements**

- A. Grantee shall implement core HIV prevention programs in Area 1A, 1B, 1C, 1D, 1E, 2, and 3 HSDAs as described in this RFA. Grantee must focus on at least one of the locally-relevant priority populations in the eligible HSDA. In addition to the selected priority populations(s), Grantee may provide services to one or more of the additional populations listed for the eligible HSDA. Grantee may provide services to more than one HSDA but must be physically located in in one of those HSDAs.
- B. Grantee must use funds for the four components of a core HIV prevention program and other required activities enumerated below. The components are:
  - 1. Engagement of groups and communities to be served;
  - 2. Condom distribution;
  - 3. Focused HIV and syphilis testing and tailored health education, with the option to provide testing for other STIs and HCV; and
  - 4. Linkage/enrollment in medical care for clients who are living with an HIV infection, and referral to PrEP and nPEP and other needed services for clients with a negative HIV test result who are at higher risk for acquiring an HIV infection. Applicants may propose optional enhanced interventions to improve linkage to medical services.
- C. Grantee should review DSHS requirements for these activities in the POPS and review [guidance from the CDC on HIV testing in non-clinical settings](#).

- D. Grantee will submit data on program activities and client contacts using systems and formats on a monthly basis as specified by DSHS. Applicants funded under this scope must provide program and individual-level information on each client served by their program, including but not limited to:
1. Information on community engagement activities;
  2. Number of condom distribution sites and number of condoms distributed;
  3. Client-level information on the characteristics of each client receiving focused testing services and, on the tests, performed and results of such tests;
  4. Information on clients who have positive test results, including client names, to allow DSHS to verify diagnosis history;
  5. Information on the HIV-care status of all clients with positive test results, including information on confirmed referrals to HIV care; and
  6. Information on PrEP/nPEP education and referrals for clients with negative HIV test results.
- E. Grantee must ensure client services begin no later than 90 days following the contract start date.
- F. Grantee will deliver community engagement activities that include all the elements described within this RFA. Grantee must provide outreach and education to the priority populations named in their Application to build trust and rapport and to provide age-appropriate and clear sexual harm reduction information. Grantee must include outreach to community gatekeepers and formal and informal leaders in the program's service populations.
- G. Grantee must engage in active recruitment and outreach strategies that include traditional outreach, social network activities, and use of social media platforms in the specific venues/locations and media platforms that will be included in their strategies.
- H. Grantee must encourage referrals from Disease Intervention Specialist (DIS) and other agencies, and may use formal [social networking strategies](#) to increase referrals from clients to the testing program. Grantees may use tangible reinforcements to encourage testing or as a part of a linkage program. Funds may not be used to make cash payments to intended recipients. Any use of tangible reinforcements must be pre-approved by DSHS.
- I. Grantee must participate in local HIV-related events relevant to their service populations (e.g., testing days, Pride activities) and participate in local efforts to plan for or coordinate delivery of HIV prevention services.
- J. Grantee must maintain a Community Advisory Board to assist with programmatic decision making.

- K. Grantee must use community assessments to evaluate and improve recruitment and outreach strategies. More information on [community assessments and tools](#) is available on the DSHS website.
- L. Grantee must have a condom distribution program with the essential elements described in [DSHS POPS](#). These elements include community assessments to determine condom availability, accessibility and acceptability; establishing condom distribution sites; maintaining adequate supplies of condoms and other prevention materials; and collaborating with community members, venues, and organizations to increase condom distribution and promotion. Grantee must also ensure the provision of condoms and other harm reduction materials to persons during testing encounters. Grantees are encouraged to adopt the recommended best practice activities in the POPS and may propose enhanced activities or interventions to increase condom availability, accessibility and acceptability in their service population(s).
- M. Grantee must have focused HIV testing programs that expands the availability of HIV testing to their proposed priority populations. Grantee must use a combination of strategies to encourage testing, such as offering testing in a variety of settings, providing testing to couples, using tangible reinforcements; and using text messages or other electronic communication to provide testing reminders. Grantee should use innovative activities and partnerships to increase opportunities to test in their community.
- N. Grantee must ensure that syphilis testing is provided to all individuals testing for HIV unless the client refuses. Grantee must collect specimens for syphilis and other Sexually Transmitted Infection (STI) testing concurrent with HIV testing, if appropriate. This includes collecting specimen for extra genital screening for chlamydia and gonorrhea and for hepatitis C antibody testing for at-risk populations.
- O. Grantees must ensure testing programs operate under standing delegation orders of a physician ([Texas HSC §85.085](#)).
- P. Grantee will note that DSHS policy does not require every test conducted by focused testing programs to include individualized risk reduction counseling. The decision to offer individualized risk reduction counseling in a testing session should consider level of client risk, the client's desire for counseling, and the appropriateness of counseling in the testing venue.
- Q. Grantee must ensure that clients who do not receive individualized risk reduction counseling receive a health education message tailored to the assessed needs of the priority population. The work plan section of the application requires Applicants to describe the testing settings proposed and the counseling or tailored health education messages that they will offer.

- R. Grantee must ensure their testing programs include all the required components of a testing program as described in the [Program Operating Procedures and Standards](#), Chapters 1 and 2, including:
1. Obtaining informed consent from client;
  2. Gathering required demographic information;
  3. Offering both anonymous and confidential HIV testing;
  4. Conducting a brief risk assessment as described in the POPS;
  5. Ensuring delivery of HIV test results to clients;
  6. Providing basic information about HIV infection and HIV testing as described in the POPS;
  7. Providing population-specific, age appropriate, culturally affirming health messages and materials that address the client's risk level and prevention needs, which may include risk reduction counseling if appropriate for client needs and demands of the setting;
  8. Providing HIV test results to clients;
  9. Reporting all positive test results, including preliminary positive results, in accordance with [disease reporting rules](#); and
  10. Maintaining documentation as required [in the POPS](#).
- S. Grantee must ensure clients receive their HIV test results in a timely and appropriate manner. Reliable processes for assuring client confidentiality and verifying client identity before delivering a test result must be in place before testing under this award can begin. Negative HIV test results may be delivered in person, by telephone, or through other communication technology. Requirements for results delivery via telephone or other communication technology are outlined in Chapter 1 of the POPS in section 1.1.1 of the POPS.
- T. Grantee must ensure that clients with negative HIV test results receive information on PrEP and nPEP and referral to these services and other needed health and social services as appropriate. PrEP and nPEP information must be supported with materials approved by DSHS. If clients are interested and appear to be eligible for PrEP and/or nPEP, they must be referred to appropriate health care providers.
- U. Grantee must ensure clients also be referred to medical and social services providers to address needs that emerge during the testing session. For example, if a client says that unstable housing or substance use are contributing to their chances of acquiring HIV infection, the client should be offered a referral to address these needs. Grantees must have written referral agreements with PrEP and/or nPEP providers and with other providers who deliver services that are most commonly needed by program clients.
- V. Grantee will note that [Texas Health and Safety Code §81.109](#) requires positive HIV test results to be given in person. Additional service requirements for clients with HIV-positive tests are described in the section on required activities for linkage and enrollment in HIV-related medical care.

- W. Grantee must use testing processes that follow the requirements in [DSHS Policy 2013.02](#). HIV transmission is more likely when people have acute (very recently acquired) HIV infections. Additionally, in order to assure detection of acute infections, Grantees must be able to conduct venipuncture in both field and clinical settings. Point of care (rapid) tests are permissible, but Grantee must be prepared to perform immediate, on-site venipuncture to collect specimen for supplemental testing if the client has a preliminary positive test result.
- X. Grantee will note that because acute infections are highest in MSM, DSHS encourages programs that are using point of care testing to also collect and submit specimen for lab-based antigen-antibody testing at the time the point of care test is done. This assures acute infections will be detected.
- Y. Grantee will have procedures and collaborative partnerships for successful service referrals for services needed by clients. These include PrEP and nPEP services; general health services and health access services (e.g., benefits coordination, assistance with applying for local medical assistance programs); substance abuse and mental health treatment; housing services; transportation assistance; employment services; domestic violence/sexual assault services; STI testing and treatment; and HIV care and treatment. Applicants are encouraged to work towards integration of services for viral hepatitis, STI, and other services desired by the population being served.
- Z. Grantee must provide the minimum required components for counseling and linkage to care for people living with HIV as outlined in [Section 1.1.2 of the POPS](#). Grantee will conduct the required activities for persons whose HIV infections are identified through the Grantee's testing program as well as persons referred to the Grantee for linkage/enrollment support.
- AA. Grantee must ensure that clients who receive a positive HIV result, including preliminary positive results, are provided in person, and that counseling and emotional support at the time the result is provided. The counseling should focus on helping the client understand the meaning of the test result; identify who in their social network may provide emotional support; and the benefit of immediate HIV-related medical care. Risk reduction messages should be provided when results are given to the client or at a subsequent follow up session, depending on the client's needs.
- BB. Grantee providing focused HIV testing must facilitate initial linkage to care for newly diagnosed clients and facilitate engagement in care for previously-diagnosed clients who are not currently in care for their HIV-infections. It is likely that the support needed by clients to enter care will differ based on their diagnosis and history of treatment. To determine whether linkage or engagement services are needed, testing Grantee must follow DSHS procedures for verifying testing history and participation in HIV-related medical care with disease surveillance



staff. If clients refuse permission for such verification, then client self-report of diagnosis history and participation in care should be used to guide linkage/engagement activities.

- CC. Grantee must include linkage and engagement in HIV-related medical care activities and descriptions of systems to monitor linkage and engagement in their work plan. Grantee must maintain active referral partnerships with area HIV-medical care and supportive services. Grantee must provide active referrals as described in the [POPS](#). Grantee is encouraged to provide navigation services. In navigation, staff or peer volunteers act as coordinators and coaches to help clients make use of available resources, develop effective communication with providers, and navigate complex care systems. Grantee must address barriers to successful linkage to HIV medical care, and coordinate with area providers that offer services to facilitate access to HIV-related care.
- DD. Grantee will use enhanced linkage and engagement programs. These programs use formal, structured activities to assure linkage or engagement, and evidence-based and best practice interventions are listed in the [Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention](#). Most of these activities use brief case management activities to facilitate linkage; the most well know of these is ARTAS (Anti-Retroviral Treatment and Access to Services). Enhancement programs must not involve long-term support for maintenance in care and they must not duplicate or supplant existing programs for supporting entry in HIV-related care. Enhanced linkage and engagement programs must be coordinated with or integrated into local systems for HIV-related care.

### **2.5.3 Funding Opportunity 3 - PrEP and nPEP Program Requirements**

- A. Grantee must implement PrEP/nPEP services in HSDAs in Areas 1A, 1B, 1C, 1D, 1E and/or 2. Grantee must tailor engagement and recruitment services for at least one core priority populations in the eligible-HSDA and may include one or more of the additional populations listed for the HSDA. Grantees may provide services to more than one HSDA but must be physically located in one of those HSDAs. Grantee must provide PrEP services. nPEP services are optional.
- B. Grantee must deliver each of the program components listed below:
  - 1. Promotion of PrEP/nPEP through community education and awareness activities;
  - 2. Promotion of adoption of PrEP/nPEP by local clinical providers; and
  - 3. Delivery of PrEP/nPEP clinical and client support services.
- C. Grantee must submit data on program activities and client contacts using systems and formats specified by DSHS. The required data elements and formats are currently under development and will be released by summer 2019 for

incorporation into contracts funded under this RFA. Grantee must use program data, along with data from community assessments, and information from clients and their CAB, to improve services and evaluate progress towards program goals.

- D. Grantee must tailor education and recruitment efforts to the priority populations identified in the Application. Grantee must assess awareness of PrEP/nPEP and barriers to use in their priority population(s), including other life circumstances or structural issues that might block use of PrEP/nPEP, and incorporate their findings into the planned education and awareness activities.
- E. Grantee must raise awareness of PrEP and nPEP and address barriers to these services, and engage in active client outreach and recruitment, which must include online and social media activities. Grantee will submit web analytics describing service-related posts on different media platforms used.
- F. Grantee must create or expand existing partnerships with CBOs, LGBT organizations, private health care providers, clinics and community health centers to increase access to PrEP and nPEP. Grantees must also encourage referrals from DIS, and may use formal social networking strategies to increase referrals from clients to the program.
- G. Grantee must use continuous community assessments to evaluate and improve recruitment and outreach strategies<sup>6</sup> and maintain a Community Advisory Board to assist with programmatic decision making. Grantees are encouraged, but not required, to maintain a CAB specifically for the PrEP/nPEP program in addition to any other advisory groups that may be maintained by the Applicant.
- H. Grantee will ensure that client services begin no later than 90 days following the Contract start date.
- I. Grantee must undertake activities to increase the number of clinical providers in the community who prescribe PrEP or nPEP. This includes assessing the availability of PrEP and nPEP from the local medical community, identifying and addressing barriers to prescribing PrEP and nPEP, and providing education and materials to support PrEP and nPEP use to the medical community. Grantee must coordinate their outreach and education to clinical providers with other providers of PrEP and nPEP services and with other organizations conducting clinical education on these interventions.
- J. Grantee will implement supportive services and activities using patient flows and staff roles that best serve clients and best fit their organizational structure and staffing.

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<sup>6</sup> More information on [community assessments and tools](#) is available on the DSHS website.



- K. Grantee must provide PrEP and nPEP services in accordance with the most current CDC guidelines for PrEP and nPEP. Grantee must develop patient care protocols, policies, and procedures, and must be willing to share these with other stakeholders and providers. Program staff must track clients who have completed their nPEP regimen and how they will be linked to PrEP services, as appropriate.
- L. Grantees must ensure that Clinical PrEP and nPEP services include formal intake and eligibility determination processes. Applicants must describe how current HIV status and risk for HIV will be determined for clients, and how client eligibility will be determined. Grantee will ensure clients receive basic education on PrEP and nPEP, including the pros and cons of PrEP/nPEP; side effects and long-term safety; and other HIV prevention options. Intake will be supported by educational materials and handouts approved by DSHS. Note that DSHS does not require that intake processes be conducted by clinical staff.
- M. Grantee must conduct initial and follow-up laboratory testing as recommended in treatment guideline, with more frequent STI testing as needed. Grantee must prescribe medications following treatment guidelines. The staff providing clinical services must be appropriately supervised.
- N. Grantee will not use funds from this RFA to pay for PrEP or nPEP medications, although funds from this RFA may be used to pay for clinical staff time (through salary or contract) and medical testing.
- O. Grantee will ensure client supportive activities wrap around PrEP and nPEP clinical services and increase the likelihood that clients will use PrEP and/or nPEP effectively and safely. Support services include client intake and education; helping clients access medications and making referrals for needed health and social services; working with clients to boost adherence to treatment instructions; and providing prevention counseling and access to condoms, as outlined in federal guidelines referenced above.
- P. Grantee must ensure that Staff aid with obtaining treatment medications. Staff must understand how pharmacy benefits are typically structured in public and private insurance plans, and able to assist clients with accessing these benefits. If clients are uninsured, staff must aid with applying for local medical assistance programs or patient assistance programs offered by drug manufacturers. Staff may assist clients in accessing medications for other acute or chronic conditions, but this is not required. Staff should screen uninsured clients for eligibility for public insurance, or if uninsured clients present during insurance marketplace enrollment periods, clients must be referred to qualified organizations that can assist them in eligibility determination and plan selection or be assisted by program staff who are appropriately trained to do so. Note that funds from this grant may not be used to purchase or make pharmaceutical co-pays/co-insurance payments.

- Q. Grantee must assess client needs for HIV prevention, medical services, and social services by examining social and ecological factors that increase vulnerability to HIV, including but not limited to stability of housing, substance abuse issues, and mental health issues such as depression and trauma. Grantee must maintain referral agreements with providers of the services that are most likely to be needed by the priority population, including but not limited to unmet medical or prevention needs.
- R. Grantee must ensure staff will work with clients to promote adherence to treatment instructions. Grantee should consult federal guidelines referenced above for recommendations on adherence counseling, and consider use of the adherence interventions listed in the CDC's Compendium of Effective Interventions or on the Effective Interventions website. Grantee must ensure clients are reminded of service appointments and how the program will follow up with clients who have missed appointments. This follow-up may occur through telephone calls, emails, or SMS text messages. Grantee must have written policy and procedures for client notification.

#### **2.5.4 Funding Opportunity 4: Client-Level Interventions**

- A. Grantee must propose evidence-based interventions or 'home grown' interventions that are delivered to individuals or groups (one client-level intervention, although this program may serve more than one priority population described below) within eligible service areas, HSDAs in Area 1A, 1B, 1C, 1D, 1E and 2.
- B. Grantee must not propose client level interventions to support and enhance linkage to care; linkage interventions must be proposed as a part of a Core HIV Prevention program.
- C. Grantee must serve at least one of the core eligible populations with their intervention and may serve one or more of the additional eligible populations that are listed for the HSDA(s). Eligible populations are listed in Table 5.
- D. Grantee must supplement and not duplicate existing prevention activities in their community.
- E. Grantee may provide services for clients living with HIV as well as for clients who are not living with HIV with the goal to provide the best available HIV prevention services to persons at greatest risk for acquiring or transmitting HIV, including persons living with HIV who are at risk of dropping out of HIV-related medical care. Grantee must not duplicate or displace existing programs operated within HIV-related medical care systems and must collaborate with providers of medical care to assure that the proposed services are well integrated into community systems of care.
- F. Grantees may propose interventions that are listed on the CDC's [Effective Interventions](#) or the [Compendium of Evidence Based Interventions and Best](#)

[Practices for HIV Prevention](#) websites. Grantee may propose adaptations to these EBIs to meet the needs of the populations included in the Application. We also encourage Applicants to propose “homegrown” and innovative interventions. If homegrown programs are proposed, they should be based on theory, justified need, and/or observation. Applicants are encouraged to provide results of local evaluations of effectiveness if such information is available. Proposed activities must have clearly identified outcomes and be approved by DSHS prior to award of a contract.

- G. Grantee must, whether proposing an established EBI or a home-grown intervention, increase the “reach” of the program in the populations to be served, such as training volunteer community educators to increase the number of sessions offered or to bring the intervention to new community networks. Grantee’s staff will be responsible for training and supporting volunteers.
- H. Grantee must submit to DSHS data on program activities and client contacts using systems and formats specified by DSHS. Grantee must demonstrate that they are using such information, together with input from clients and stakeholders, to improve the intervention and assure it meets emerging needs of the priority population and is achieving its intended outcomes. Grantee must use continuous community assessments to evaluate and improve recruitment and outreach strategies<sup>7</sup> and maintain a Community Advisory Board to assist with programmatic decision making
- I. Grantee must ensure client services begin no later than 90 days following the contract start date.

### **2.5.5 Funding Opportunity 5: Structural Interventions**

- A. Grantee must implement projects to reduce HIV acquisition and transmission that act at the community level and/or systems level. Grantee must work to reduce health inequities and new HIV infections by directly addressing the social determinants of health such as stigma, lack of social support, or policies or organizational practices that create barriers to prevention and treatment. Grantee must implement community-level interventions that aim to improve health by changing community norms and attitudes, community awareness, and community behavior of priority populations and/or system interventions that aim to improve health by changing policies, health system/organizational practices, and power structures.
- B. Grantee must focus interventions and activities on one or more of the outcomes below:

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<sup>7</sup> More information on [community assessments and tools](#) is available on the DSHS website.

1. Strengthening community involvement in HIV prevention efforts by increasing a sense of community ownership, participation, and collaboration in HIV prevention activities;
  2. Increasing local coordination and collaboration among community members, groups, organizations, and sectors (e.g., private business, public institutions);
  3. Increasing community support, education, and dialogue;
  4. Creating an environment in which people of color, LGBTQ individuals, youth, and other marginalized populations are empowered to reduce the risk of HIV acquisition and barriers to accessing HIV prevention are reduced/eliminated;
  5. Elimination of structural, social, and economic barriers related to healthcare;
  6. Improved health outcomes for LGBTQ communities and people of color; and
  7. Increased participation in HIV-related care and PrEP\nPEP.
- C. Grantee must ensure that proposed activities are focused on or designed to primarily benefit the eligible populations for the service HSDA listed in Article II of the RFA. At least one core priority population must be included in the Application.
- D. Grantee must submit data on program activities and client contacts using systems and formats specified by DSHS. Grantee must demonstrate that they are using such information, together with input from clients and stakeholders, to improve activities and assure they meet the emerging needs of the priority population, and to assure they are achieving the program's intended outcomes.
- E. Grantee may use 'traditional' community-level interventions for specific, eligible priority populations as part of their structural intervention. Grantee will use interventions that are listed on the CDC's [Effective Interventions](#) or the [Compendium of Evidence Based Interventions and Best Practices for HIV Prevention](#) websites, or other interventions as approved by DSHS. Grantee may implement adaptations to the evidence-based programs to meet the needs of the Grantees populations. Grantee may use "homegrown" and innovative community-level interventions. If homegrown programs are used, they should be based on theory, justified need, and/or observation. Grantee must provide DSHS with results of local evaluations of effectiveness if such information is available. Grantee's activities must have clearly identified outcomes. Grantee must increase the "reach" of the program in the populations to be served, such as training volunteers to lead the intervention. Grantee's staff will be responsible for training and supporting volunteers.
- F. Grantee must establish the networks and collaborations necessary to mount a community-wide response to the HIV epidemic in their local area. Community mobilization engages individuals, groups, organizations, and the public and private sectors of the community to increase awareness and act to reduce the number of new HIV infections in the community.
- G. Grantee must ensure system-level interventions are designed to change policies, social or organizational structures, or standard operating procedures to increase

access and relevance of services, and remove barriers to prevention, testing, and treatment services. Example of such interventions include removing barriers to substance abuse treatment or behavioral health services for a priority population, work with local providers of medical care to make changes to their operations to increase participation of a priority population; working with organizations to change practices that contribute to health inequities and disparities; working with community health providers to decrease barriers to delivery of opt out HIV screening; and working with area testing and HIV treatment providers to eliminate organizational and structural barriers to immediate initiation of HIV treatment for people with newly diagnosed HIV infections.

- H. Grantees must assess needs, resources and/or practices prior to implementation of the proposed interventions. The assessment design and implementation must be guided by stakeholders and persons with experience in formal assessment. If the program has conducted a recent assessment or such information from their current work with community-level interventions, mobilization, or systems interventions is available, this may satisfy requirements, but the decision to require a new or supplemental assessment from Grantee is at the sole discretion of DSHS.
- I. Grantee must develop a plan that summarizes major activities with milestones and goals and are responsible for monitoring and reporting on progress. Grantee may adapt their plan after notice of funding award with DSHS pre-approval and as dictated by new information about community needs and resources.
- J. Grantee must maintain mechanisms for community or stakeholder engagement, such as community advisory boards.
- K. Grantee must carry out their planned activities as indicated in their project plan and must conduct periodic assessments of progress that follows a formal evaluation plan. The evaluation plan should include measures, data collection protocols, data analysis, and a process for program modification based on monitoring results.
- L. Grantee must ensure that Client services or planned activities begin no later than 90 days following the contract start date.

## **2.6 ALLOWABLE COSTS AND PROHIBITED USES OF FUNDS**

- A. Funds are awarded for the purpose specifically defined in this RFA and must not be used for any other purpose. All grant funds may be used only as payment of last resort. Funds may be used for personnel, fringe benefits, staff travel, contractual services, other direct costs, and administrative/indirect costs, as allowed in Grantee's approved budget.
- B. Proposed budgets should reflect reasonable estimates of costs of the activities in the application, which could be higher or lower than the estimated typical award.

Large requests may not be fully funded to ensure that funds are available for the broadest possible array of communities and programs.

- C. Administrative/indirect costs must be limited to limited to 10% of the total contract amount.
- D. In addition, a minimum of 10% of the total contract amount must be dedicated to planning, reporting, and evaluation of the proposed activities. This includes expenditures for needs assessment and consultation with community members to design or revise program design and implementation; collection and reporting of required program data; evaluation of progress towards program goals; and assessment of client satisfaction.
- E. All grant funds may be used only as payment of last resort.
- F. This RFA is not limited to this source of funding if other sources become available for this Project.
- G. Grantees must ensure that funds, supplies, or in-kind activities are provided only to eligible HIV Prevention entities. A facility providing women's health services enrolled in HIV Prevention must certify they meet eligibility requirements as defined in [Texas Administrative Code Title 1, Part 15, Chapter 382](#), Healthy Texas Women; specifically, Section 382.17(b)-(d).
- H. Note that direct supervision of staff conducting the activities proposed in the application are considered direct costs, as are costs associated with development of policy and procedure and quality assurance and improvement activities. Program planning, reporting, and evaluation activities are also direct costs. Examples of such activities include conducting needs assessments and other types of consultation with members of priority populations; equipment and personnel costs associated with the collection and reporting of program data, including changes or updates to electronic health record systems or laboratory systems or charge capture systems; and costs associated with conducting evaluations of the program's progress towards goals and desired outcomes. At least 10% of the total costs proposed in the budget must be dedicated to planning, program reporting, and evaluation activities.
- I. Allowable administrative costs include usual and recognized overhead, including indirect rates for all organizations. Total administrative charges for all projects included in this application must not be greater than 10% of the applicant's proposed costs for the application.
- J. Grant funds may not be used to purchase PrEP or nPEP treatment drugs. Funds from this RFA may be used to pay for clinical staff time (through salary or contract) and medical testing for grantees funded under the PrEP and nPEP funding opportunity.

K. Grant funds also may not be used to support the following services, activities, and costs:

1. Inherently religious activities such as prayer, worship, religious instruction, or proselytization, including the mention of religious themes during DSHS-funded activities;
2. Lobbying or political education;
3. Any portion of the salary of, or any other compensation for, an elected or appointed government official;
4. Vehicles or equipment for government agencies that are for general agency use and/or do not have a clear nexus to terrorism prevention, interdiction, and disruption (i.e. mobile data terminals, body cameras, in-car video systems, or radar units, etc. for officers assigned to routine patrol);
5. Weapons, ammunition, tracked armored vehicles, weaponized vehicles or explosives (exceptions may be granted when explosives are used for bomb squad training);
6. Admission fees or tickets to any amusement park, recreational activity or sporting event;
7. Promotional gifts;
8. Food, meals, beverages, or other refreshments, except for eligible per diem associated with grant-related travel or when pre-approved for training and community engagement events;
9. Membership dues for individuals;
10. Any expense or service that is readily available at no cost to the grant project;
11. Any use of grant funds to replace (supplant) funds that have been budgeted for the same purpose through non-grant sources, or to supplant ongoing or usual activities of any organization involved in the project, or to supplant other local, state, or federal funds or private funding;
12. Fundraising;
13. Statewide projects;
14. To purchase or improve land, or to purchase, construct, or make permanent improvements to any building;
15. Decoration of space needed to implement the program;
16. To reimburse pre-award costs;
17. Advertising of an organization (program advertising is allowable); and
18. Staff salaries not directly related or necessary to the implementation of the program; or any other prohibition imposed by federal, state, or local law.

## **2.7 OPTIONAL LETTER OF INTENT**

Grantees are encouraged to submit a letter of intent in the format provided in Appendix 4 by March 15, 2019 4:00 p.m., Central Standard Time.



## **2.8 STANDARDS**

Grantees must comply with the requirements applicable to this funding source cited in the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements* for Federal Awards (2 CFR 200); the *Uniform Grant Management Standards (UGMS)*, and all statutes, requirements, and guidelines applicable to this funding.

Grantees are required to conduct Project activities in accordance with federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requirements can be found on the Health and Human Services Commission (HHSC) Civil Rights Office website at <http://www.hhs.state.tx.us/aboutHHS/CivilRights.shtml>.

Upon request, a Grantee must provide the HHSC Civil Rights Office with copies of all the Grantee's civil rights policies and procedures. Grantees must notify HHSC's Civil Rights Office of any civil rights complaints received relating to performance under the contract no more than 10 calendar days after receipt of the complaint.

A Grantee must ensure that its policies do not have the effect of excluding or limiting the participation of persons in the Grantee's programs, benefits or activities on the basis of national origin, and must take reasonable steps to provide services and information, both orally and in writing, in appropriate languages other than English, in order to ensure that persons with limited English proficiency are effectively informed and can have meaningful access to programs, benefits, and activities.

Grantees must comply with Executive Order 13279, and its implementing regulations at 45 CFR Part 87 or 7 CFR Part 16, which provide that any organization that participates in programs funded by direct financial assistance from the U.S. Dept. of Agriculture or U.S. Dept. of Health and Human Services must not, in providing services, discriminate against a program beneficiary or prospective program beneficiary because of religion or religious belief.

## **2.9 DATA USE AGREEMENT**

To receive funding under this grant, Applicants must agree to be bound by the terms of the Data Use Agreement attached as **Exhibit C**.

## **2.10 NO GUARANTEE OF VOLUME, USAGE OR COMPENSATION**

The System Agency makes no guarantee of volume, usage, or total compensation to be paid to any Applicant under any awarded Grant, if any, resulting from this Solicitation. Any awarded Grant is subject to appropriations and the continuing availability of funds.

The System Agency reserves the right to cancel, make partial award, or decline to award a Grant under this Solicitation at any time at its sole discretion.

There should be no expectation of additional or continued funding on the part of the Grant Recipient. Any additional funding or future funding may require submission of an application through a subsequent RFA.

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## ARTICLE III. ADMINISTRATIVE INFORMATION

### 3.1 SCHEDULE OF EVENTS

EVENT	DATE/TIME
Solicitation Release Date	February 7, 2019
Deadline for Submitting Questions	March 1, 2019
Answers to Questions Posted	March 11, 2019
Deadline for Optional Letter of Intent	March 15, 2019 @ 4:00 PM CST
<b>Deadline for submission of Solicitation Responses [NOTE: Responses must be RECEIVED by HHSC by the deadline.]</b>	April 8, 2019 @ 2:00 PM CST
Anticipated Contract Start Date	January 1, 2020

**Note:** These dates are a tentative schedule of events. The System Agency reserves the right to modify these dates at any time upon notice posted to the [ESBD, Texas eGrants](#) and [HHSC Grants Request for Application Website](#). Any dates listed after the Solicitation Response deadline will occur at the discretion of the System Agency and may occur earlier or later than scheduled without notification on the HHSC Grants Request for Application Website.

**Note:** You must use Google Chrome when navigating CPA Websites, if applicable.

### 3.2 CHANGES, AMENDMENT OR MODIFICATION TO SOLICITATION

The System Agency reserves the right to change, amend or modify any provision of this Solicitation, or to withdraw this Solicitation, at any time prior to award, if it is in the best interest of the System Agency and will post such on the [ESBD, Texas eGrants](#) and [HHSC Grants Request for Application Website](#). It is the responsibility of Applicant to periodically check the HHSC Grants Request for Application Website to ensure full compliance with the requirements of this Solicitation.

### 3.3 IRREGULARITIES

Any irregularities or lack of clarity in this Solicitation should be brought to the attention of the Point of Contact listed in **Section 3.4.1** as soon as possible so corrective addenda may be furnished to prospective Applicants.

## 3.4 INQUIRIES

### 3.4.1 Point of Contact

All requests, questions or other communication about this Solicitation shall be made in writing to the System Agency's Point of Contact addressed to the person listed below. All communications between Applicants and other System Agency staff members concerning the Solicitation are strictly prohibited, unless noted elsewhere in this RFA. **Failure to comply with these requirements may result in disqualification of Applicant's Solicitation Response.**

Name: Valerie Griffin, CTCD, CTCM  
Title: Contract Specialist  
Address: 1100 W 49<sup>th</sup> Street, Austin, TX 78756  
Phone: 512-406-2458  
Email: Valerie.griffin@hhsc.state.tx.us

### 3.4.2 Prohibited Communications

All communications between Applicants and other System Agency staff members concerning the Solicitation may not be relied upon and responded should send all questions or other communications to the point-of contact. This restriction does not preclude discussions between affected parties for the purposes of conducting business unrelated to this Solicitation. **Failure to comply with these requirements may result in disqualification of Applicant's Solicitation Response.**

### 3.4.3 Questions

The System Agency will allow written questions and requests for clarification of this Solicitation. Questions must be submitted in writing and sent by U.S. First class mail or email to the Point of Contact listed in **Section 3.4.1** above. Applicants' names will be removed from questions in any responses released. Questions shall be submitted in the following format. Submissions that deviate from this format may not be accepted:

Identifying Solicitation number HHS0000778

Section Number

Paragraph Number

Page Number

Text of passage being questioned

Question

**Note:** Questions or other written requests for clarification must be received by the Point of Contact by the deadline set forth in Section 3.4.1 above. Please provide entity name, address, phone number; fax number, e-mail address, and name of contact person when submitting questions.

#### **3.4.4 Clarification request made by Applicant**

Applicants must notify the Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specifications, omission or other error in the Solicitation in the manner and by the deadline for submitting questions.

#### **3.4.5 Responses**

Responses to questions or other written requests for clarification may be posted on the [ESBD](#) and the [HHSC Grants Request for Application Website](#). The System Agency reserves the right to amend answers prior to the deadline of Solicitation Responses. Amended answers may be posted on the HHSC Grants Request for Application Website. It is Applicant's responsibility to check the HHSC Grants Request for Application Website or contact the Point of Contact for updated responses. The System Agency also reserves the right to provide a single consolidated response of similar questions they choose to answer at the System Agencies sole discretion.

### **3.5 SOLICITATION RESPONSE COMPOSTION**

#### **3.5.1 General Information**

All Applications must be:

- A. Clearly legible;
- B. Sequentially page-numbered and include the Applicants name at the top of each page;
- C. Organized in the sequence outlined in **Article IX** - Submission Checklist;
- D. In Arial or Times New Roman font, size 12 or larger for normal text, no less than size 10 for tables, graphs, and appendices;
- E. Blank forms provided in the Attachments must be used (electronic reproduction of the forms is acceptable; however, all forms must be identical to the original form(s) provided); do not change the font used on forms provided;
- F. Correctly identified with the RFA number and submittal deadline;
- G. Responsive to all RFA requirements; and
- H. Signed by an authorized official in each place a signature is needed (copies must be signed but need not bear an original signature).

#### **3.5.2 Submission in Separate Parts**

Grantee must submit documents in separate parts as follows:

- A. Background Information, including all forms;
- B. Narrative Application, including all forms;
- C. Performance Measures, including all forms;
- D. Work Plan, including all forms;
- E. Applicable Exhibits and Required Forms.

Paper documents (i.e. the original and all hard copies) must be separated by parts. Electronic submissions must be separated by electronic medium used for submission (i.e. flash drive).

The entire Solicitation Response – all separated paper documents and electronic copies – must then be submitted in one package to HHSC at the address listed in **Section 3.6.3**. The number of copies and directions for submitting an "Original" and "Copies" are outlined in **Article IX**.

### **3.6 SOLICITATION RESPONSE SUBMISSION AND DELIVERY**

#### **3.6.1 Deadline**

Solicitation Responses must be received at the address in **Section 3.6.3** time-stamped by the System Agency no later than the date and time specified in **Section 3.1**.

#### **3.6.2 Labeling**

Solicitation Responses shall be placed in a sealed box and clearly labeled as follows:

SOLICITATION NO.: HHS0000778

SOLICITATION NAME: HIV Prevention Activities

SOLICITATION RESPONSE DEADLINE: April 8, 2019 @ 2:00 PM CST

PURCHASER: Valerie Griffin, CTCD, CTCM

The System Agency will not be held responsible for any Solicitation Response that is mishandled prior to receipt by the System Agency. It is Applicant's responsibility to mark appropriately and deliver the Solicitation Response to the System Agency by the specified date and time.

#### **3.6.3 Delivery**

Applicant must submit one (1) hard copy and one (1) electronic copy of all required documents as scanned versions (.pdf) and one (1) flash drive. The device must be compatible with Microsoft Office 2010. Applicants must ensure there are no encryptions on these files, to prevent HHSC from opening the documents. The electronic application submission must be organized as directed in Section 3.5.1 and 3.5.2 of this RFA. If applicant is having difficulty providing an electronic application submission, contact the point of contact identified in Section 3.4.1 of this RFA for hard copy submittal accommodations.

Applicant must deliver Solicitation Responses by one of the methods below to the address noted. Solicitation Responses submitted by any other method (e.g. facsimile, telephone, email) will NOT be considered.

To be delivered by U.S. Postal Service, overnight or express mail, or hand delivery to:  
HHSC Procurement and Contracting Services (PCS)  
Bid Room

Attn: Valerie Griffin  
1100 W. 49<sup>th</sup> Street, MC 2020  
Service Building (Building S)  
Austin, Texas 78756

**Note: All Solicitation Responses become the property of HHSC after submission and will not be returned to Applicant.**

#### **3.6.4 Alterations, Modifications, and Withdrawals**

Prior to the Solicitation submission deadline, an Applicant may:

- (1) withdraw its Solicitation Response by submitting a written request to the Point of Contact identified in **Section 3.4.1**; or
- (2) modify its Solicitation Response by submitting a written amendment to the Point of Contact identified in **Section 3.4.1**.

The System Agency may request Solicitation Response Modifications at any time.

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## **ARTICLE IV. SOLICITATION RESPONSE EVALUATION AND AWARD PROCESS**

### **4.1 ELIGIBILITY SCREENING**

Applications will be reviewed for minimum qualifications and completeness. All complete applications meeting the minimum qualifications will then receive a technical review to assure that applications include only eligible activities and service populations, and proposed budgets do not exceed caps outlined in Section 2.3.1 of this RFA stage. Applications will then move to the Evaluation stage.

### **4.2 EVALUATION**

Applications will be evaluated and scored based on application components outlined below and other factors deemed relevant by HHSC/DSHS, including but not limited to best value factors in accordance with the Texas Administrative Code Title 1, Part 15, Chapter 391 Subchapter B, 391.207, and in the best interest of the State of Texas. Each application will be evaluated on four components described below.

- A. The **Applicant Background, Form E**, is worth 25% of the score, and requests information on the Applicants' organization and experience delivering the activities proposed in the application and experience serving the priority populations described in the application. The Applicant will write one Applicant Background response that will address all the funding opportunities for which they are applying.
- B. The **Assessment Narrative, Form F**, is worth 15% of the score, and requests information on the general population of the HSDAs/counties they propose to serve as well as the characteristics of the priority population(s) they propose to serve, the prevention resources currently available in the area, and how their application fills gaps without duplicating existing services. The Applicant will write one Assessment Narrative response that will address all the funding opportunities for which they are applying.
- C. The **Performance Measures and Standards, Form G**, is worth 10% of the score. There is a separate Performance Measures and Standards section for each funding opportunity. Applicants must provide proposed performance measures in this section. Applicants will submit this section for only those funding opportunities for which that they are applying.
- D. The **Work Plan, Form H**, is worth 50% of the score, and there is a separate Work Plan for each funding opportunity. This section requires a general overview of the proposed activities as well as specific responses for items requesting information on issues such as client recruitment, supervision, and quality assurance and improvement of services.

The reviewers will use a standard tool and approach to rate the responses provided by the Applicants in the areas outlined below. Each element will be scored based on the quality

and completeness of information provided, as it pertains to the requirements of the RFA. Applicants will receive a separate score for each funding opportunity included in their application, with a maximum score of 100 for each opportunity. To clarify how scoring works, here are two examples. Agency A submits an application for one funding opportunity: Core HIV Prevention. Agency A will receive one score ranging from 0 to 100 points: the sum of their scores for Applicant Background (maximum 25 points), Assessment Narrative (maximum 15 points), Performance Measures and Standards (maximum 10 points) and the Work Plan (maximum 50 points). Agency B submits an application for two funding opportunities: Core HIV Prevention and Structural Interventions. Agency B will receive two scores, one for each funding opportunity application. The Applicant Background and Assessment Narratives scores will be the same for both funding opportunities Agency B applied for, while the Performance Measures and Standards and Work Plan scores will be specific to each of the funding opportunities. Decisions for award are at the sole discretion of HHSC/DSHS. See **Exhibit G**, Evaluation Tool.

#### **4.3 FINAL SELECTION**

HHSC intends to make multiple awards. After initial screening for eligibility, application completeness, and initial scoring of the elements listed above in Section 4.2, a selection committee of DSHS HIV program staff will look at all eligible applicants to determine which applications should be awarded to most effectively accomplish state priorities.

The selection committee will recommend grant awards to be made to the HHSC Executive Commissioner, who will make the final award approval.

HHSC will make all final funding decisions based on eligibility, geographic distribution across the state, state priorities, reasonableness, availability of funding, and cost-effectiveness.

#### **4.4 NEGOTIATION AND AWARD**

The specific dollar amount awarded to each successful Applicant will depend upon the merit and scope of the Application, the recommendation of the selection committee, and the decision of the Executive Commissioner. Not all Applicants who are deemed eligible to receive funds are assured of receiving an award.

The negotiation phase will involve direct contact between the successful Applicant and HHSC representatives via phone and/or email. During negotiations, successful Applicants may expect:

- A. An in-depth discussion of the submitted application and budget; and
- B. Requests from HHSC for clarification or additional detail regarding submitted Application.

The final funding amount and the provisions of the contract will be determined at the sole discretion of HHSC staff.

HHSC may announce tentative or apparent grant recipients once the Executive Commissioner has given approval to initiate negotiation and execute contracts.

**Any exceptions to the requirements, terms, conditions, or certifications in the RFA or attachments, addendums, or revisions to the RFA or Uniform Terms and Conditions sought by the Applicant must be specifically detailed in writing by the Applicant on Exhibit E: Exception Form in this application and submitted to HHSC for consideration. HHSC will accept or reject each proposed exception. HHSC will not consider exceptions submitted separately from the Applicant's application or at a later date.**

HHSC will post to the [HHSC Grants Request for Applications Website](#) and may publicly announce a list of Applicants whose Applications are selected for final award. This posting does not constitute HHSC's agreement with all the terms of any Applicant's application and does not bind HHSC to enter into a contract with any Applicant whose award is posted.

#### **4.5 QUESTIONS OR REQUESTS FOR CLARIFICATION BY THE SYSTEM AGENCY**

The System Agency reserves the right to ask questions or request clarification from any Applicant at any time during the application process.

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## **ARTICLE V. NARRATIVE APPLICATION**

### **5.1 NARRATIVE APPLICATION**

#### **5.1.1 Abstracts for Funding Opportunities and Assessment Narrative**

Using **Form D, Abstracts for Funding Opportunities**, provide a high-level overview of the Applicant's approach to meeting the RFA's requirements. The summary must demonstrate an understanding of the goals and objectives of the grant. Using **Form F, Assessment Narrative**, provide information on the characteristics of the population in the service area and the characteristics and needs of the priority populations you propose to serve.

#### **5.1.2 Project Work Plan**

Using **Form H** attached to this RFA, Applicants will describe the proposed services, processes, and methodologies for meeting all components described in **Article II**, including the Applicant's approach to meeting the timeline and associated milestones. Applicant should identify all tasks to be performed, including all project activities, to take place during the grant funding period. Applicant will also include all documents requested as part of completing Forms to demonstrate fulfilling **Article II** requirements.

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## **ARTICLE VI. REQUIRED APPLICANT INFORMATION**

### **6.1 ADMINISTRATIVE ENTITY INFORMATION**

Applicant must provide satisfactory evidence of its ability to manage and coordinate the types of activities described in this Solicitation. As a part of the Application Package requested in **Article IX**, Applicant must provide the following information:

### **6.2 LITIGATION AND CONTRACT HISTORY**

Using **Form B, Entity Information and Contract and Litigation History**, Applicant must include in its Application Package a complete disclosure of any alleged or significant contractual failures as requested.

In addition, Applicant must disclose any civil or criminal litigation or investigation pending over the last five (5) years that involves Applicant or in which Applicant has been judged guilty or liable. Failure to comply with the terms of this provision may disqualify Applicant.

Solicitation Response may be rejected based upon Applicant's prior history with the State of Texas or with any other party that demonstrates, without limitation, unsatisfactory performance, adversarial or contentious demeanor, or significant failure(s) to meet contractual obligations.

### **6.3 CONFLICTS**

Using **Form B, Entity Information and Contract and Litigation History**, Applicant must certify that it does not have any personal or business interests that present a conflict of interest with respect to the RFA and any resulting contract. Additionally, if applicable, the Applicant must disclose all potential conflicts of interest. The Applicant must describe the measures it will take to ensure that there will be no actual conflict of interest and that its fairness, independence and objectivity will be maintained. The System Agency will determine to what extent, if any, a potential conflict of interest can be mitigated and managed during the term of the contract. Failure to identify actual and potential conflicts of interest may result in disqualification of a Solicitation Response or termination of a contract.

Please include any activities of affiliated or parent organizations and individuals who may be assigned to this Contract, if any.

Additionally, pursuant to Section 2252.908 of the Texas Government Code, a successful Applicant awarded a contract greater than \$1 million dollars, or that requires an action or vote of the governing body, must submit a disclosure of interested parties to the state agency at the time the business entity submits the signed contract. Rules and filing instructions may be found on the Texas Ethics Commissions public website and additional instructions will be given by HHSC to successful Applicants.

## **6.4 AFFIRMATIONS AND CERTIFICATIONS**

Applicant must complete and return all the following listed forms and exhibits. Exhibits are listed following **Article IX**.

- A. Exhibit A: Affirmations and Solicitation Acceptance
- B. Exhibit C: Data Use Agreement and SPI
- C. Exhibit D: Assurances - Non-Construction Programs
- D. Exhibit E: Exceptions Form (if applicable)
- E. Exhibit H: Certification regarding Lobbying

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## **ARTICLE VII. EXPENDITURE APPLICATION**

### **7.1 EXPENDITURE APPLICATION**

Attached spreadsheets, **Form I, Expenditure Application and Form I-1, Budget Summary**, of this RFA include the template for submitting the Expenditure Application and Budget Summary. Applicants must complete these form and place in a separate, sealed package, clearly marked with the Applicant's name, the RFA number, and the RFA submission date.

Applicants must base their Expenditure Application and Budget Summary on the Scope of Work described in **Article II**. This section should include any business, economic, legal, programmatic, or practical assumptions that underlie the Expenditure Application. HHSC reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into the contract resulting from this RFA are deemed rejected by HHSC.

Applicants must demonstrate that project costs outlined in the Expenditure Application and Budget Summary are reasonable, allowable, allocable, and developed in accordance with applicable state and federal grant requirements.

Applicant must utilize the HHSC templates provided and identify costs to be requested from HHSC and costs to be matched, if applicable. Costs must be broken out to a degree that is sufficient to determine if costs are reasonable, allowable, and necessary for the successful performance of the project.

Costs will be reviewed for compliance with UGMS and federal grant guidance found in 2 CFR Part 200, as modified by UGMS, with effective given to whichever provision imposes the more stringent requirement in the event of a conflict.

Costs included in the Expenditure Application and Budget Summary will be entered into budget tables and supported by narrative descriptions describing how each cost supports grant activities and meeting grant project goals and objectives and a calculation demonstrating how the cost was derived.

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## **ARTICLE VIII.GENERAL TERMS AND CONDITIONS**

### **8.1 GENERAL CONDITIONS**

#### **8.1.1 Costs Incurred**

Applicants understand that issuance of this Solicitation in no way constitutes a commitment by any System Agency to award a contract or to pay any costs incurred by an Applicant in the preparation of a response to this Solicitation. The System Agency is not liable for any costs incurred by an Applicant prior to issuance of or entering into a formal agreement, contract, or purchase order. Costs of developing Solicitation Responses, preparing for or participating in oral presentations and site visits, or any other similar expenses incurred by an Applicant are entirely the responsibility of the Applicant, and will not be reimbursed in any manner by the State of Texas.

#### **8.1.2 Contract Responsibility**

The System agency will look solely to Applicant for the performance of all contractual obligations that may result from an award based on this Solicitation. Applicant shall not be relieved of its obligations for any nonperformance by its contractors.

#### **8.1.3 Public Information Act**

Solicitation Responses are subject to the Texas Public Information Act (PIA), Texas Government Code Chapter 552, and may be disclosed to the public upon request. Subject to the PIA, certain information may be protected from public release. Applicants who wish to protect portions of the Solicitation Response from public disclosure should familiarize themselves with this law. Information pertaining to the Solicitation will be withheld or released only in accordance with the PIA.

#### **8.1.4 News Releases**

Prior to final award, an Applicant may not issue a press release or provide any information for public consumption regarding its participation in the procurement. Requests should be directed to the HHSC Point of Contact Identified in Article III.

#### **8.1.5 Additional Information**

By submitting an application, the Applicant grants HHSC the right to obtain information from any lawful source regarding the Applicant's and its directors', officers', and employees':

- (1) past business history, practices, and conduct;
- (2) ability to supply the goods and services; and
- (3) ability to comply with contract requirements.

By submitting an application, an Applicant generally releases from liability and waives all claims against any party providing HHSC information about the Applicant. HHSC may take such information into consideration in evaluating applications.

## **ARTICLE IX. SUBMISSION CHECKLIST**

This checklist is provided for Applicant's convenience only and identifies documents that must be submitted with this Solicitation to be considered responsive. Any Solicitation Response received without these requisite documents may be deemed nonresponsive and may not be considered for contract award.

### **Original Application Package**












The Application Package must include the "Original" Application Package in **hard-copy** consisting of the forms described in detail below, each separately but packaged together and clearly labeled "Original" on each.














- 1. Submission Checklist (this page)** \_\_\_\_\_
- 2. Background Information**
  - a. Form A: Respondent Information Page \_\_\_\_\_
  - b. Form B: Entity Information and Contract History \_\_\_\_\_
    - B1: Governmental Entity (if applicable) \_\_\_\_\_
    - B2: Non-Profit or For-Profit Entity (if applicable) \_\_\_\_\_
  - c. Form C: Application Summaries \_\_\_\_\_
  - d. Form D: Abstracts for Funding Opportunities \_\_\_\_\_
- 3. Assessment Narrative**
  - a. Form E: Applicant Background \_\_\_\_\_
  - b. Form F: Assessment Narrative \_\_\_\_\_
- 4. Performance Measures and Standards**
  - a. Form G: Performance Measures and Standards \_\_\_\_\_
- 5. Work Plan**
  - a. Form H: Work Plan \_\_\_\_\_
- 6. Expenditure Application (template included)**
  - a. Form I: Expenditure Application Template \_\_\_\_\_
  - b. Form II: Budget Summary \_\_\_\_\_
- 7. Applicable Exhibits and Forms:**
  - a. Exhibit A, Affirmations and Solicitation Acceptance \_\_\_\_\_
  - b. Exhibit C, Data Use Agreement and SPI \_\_\_\_\_
  - c. Exhibit D, Assurances - Non-Construction Programs \_\_\_\_\_
  - d. Exhibit E, Exceptions Form \_\_\_\_\_
  - e. Exhibit F, FFATA Form \_\_\_\_\_
  - f. Exhibit H, Certification regarding Lobbying \_\_\_\_\_

### **Copies of Application Package**



Applicant will provide one **electronic** copy (all clearly labeled as "copy") in addition to the hard-copy "Original" Application Package. Electronic copy must be submitted on a USB Drive and separated by folders.

## **ARTICLE X. FORMS AND EXHIBITS**

<b>FORM A: RESPONDENT INFORMATION PAGE</b>	 Form A.doc
<b>FORM B: ENTITY INFORMATION, CONTRACT AND LITIGATION HISTORY</b>	 FORM B.doc
<b>FORM B1: GOVERNMENTAL ENTITY</b>	 Form B1.doc
<b>FORM B2: NON-PROFIT OR FOR-PROFIT ENTITY</b>	 Form B2.doc
<b>FORM C: APPLICATION SUMMARIES</b>	 FORM C.doc
<b>FORM D: ABSTRACTS FOR FUNDING OPPORTUNITIES</b>	 FORM D.doc
<b>FORM E: APPLICANT BACKGROUND</b>	 Form E.doc
<b>FORM F: ASSESSMENT NARRATIVE</b>	 Form F.doc
<b>FORM G: PERFORMANCE MEASURES AND STANDARDS</b>	 Form G .doc
<b>FORM H: WORK PLAN</b>	 Form H .doc
<b>FORM I: EXPENDITURE APPLICATION TEMPLATE</b>	 Form I.xls

<b>FORM I-1: BUDGET SUMMARY</b>	 Form I 1 .xlsx
<b>EXHIBIT A: AFFIRMATIONS AND SOLICITATION ACCEPTANCE, VERSION 1.3</b>	 Exhibit A .docx
<b>EXHIBIT B: HHSC UNIFORM TERMS AND CONDITIONS – GRANT, VERSION 2.16</b>	 Exhibit B.pdf
<b>EXHIBIT C: DATA USE AGREEMENT/ SECURITY AND PRIVACY</b>	 Exhibit C Data Use Agreement.pdf   Exhibit C SPL.pdf
<b>EXHIBIT D: ASSURANCES - NON-CONSTRUCTION PROGRAMS</b>	 Exhibit D.pdf
<b>EXHIBIT E: EXCEPTIONS</b>	 Exhibit E .doc
<b>EXHIBIT F: FISCAL FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT FORM (FFATA FORM)</b>	 Exhibit F .docx
<b>EXHIBIT G: EVALUATION TOOL</b>	 Exhibit G .pdf
<b>EXHIBIT H: CERTIFICATION REGARDING LOBBYING</b>	 Exhibit H.doc
<b>APPENDIX 1: TEXAS COUNTIES IN HIV SERVICE DELIVERY AREA</b>	 Appendix 1 .doc
<b>APPENDIX 2: SETTING HIV MORBIDITY AREAS</b>	 Appendix 2 .doc
<b>APPENDIX 3: SELECTING LOCALLY-RELEVANT FOCUS POPULATIONS</b>	 Appendix 3 .doc



<b>APPENDIX 4: LETTER OF INTENT</b>	 Appendix 4.doc
<b>APPENDIX 5: 15 TEXAS COUNTIES WITH THE HIGHEST NUMBER OF PLWH IN 2016</b>	 <b>Appendix 5 .pdf</b>